



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 9212

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/582,926	05/15/2007 RULE	318	2834	10191/4796		
<b>APPLICANTS</b> Xaver Laufenberg, Freiberg, GERMANY; Dominique Eynius, Steinheim/Murr, GERMANY; Helmut Suelzle, Freiberg, GERMANY; Stephan Usbeck, Erdmannhausen, GERMANY; Matthias Spaeth, Milford, MI; Miriam Neuser-Hoffmann, Bietigheim-Bissingen, GERMANY; Christian Myrzik, Emmering, GERMANY; Manfred Schmid, Pipinsried, GERMANY; Franz Nietfeld, Rochester Hills, MI; Alexander Thiel, Bondorf, GERMANY; Harald Braun, Dettmhausen, GERMANY; Norbert Ebner, Ludwigsburg, GERMANY;						
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/DE04/02681 12/07/2004						
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 103 61 215.7 12/24/2003						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 07/20/2007						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/PEDRO J CUEVAS/</u> <small>Examiner's Signature</small>		<input type="checkbox"/> Met after Allowance <small>Initials</small>	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWINGS</b> 4	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> KENYON & KENYON LLP ONE BROADWAY NEW YORK, NY 10004 UNITED STATES						
<b>TITLE</b> Electrical Device and Operating Method						
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			